

By the same section authority is conferred "to adopt and enforce rules and regulations for the execution of its duties under this section. . . ."

By Section 2979a of the Political Code it is provided that when the State Board of Health or its secretary is informed as to the existence of certain contagious or infectious diseases (including those of tuberculosis, trachoma, dysentery, and typhoid fever, referred to in your communication) it or he "may thereupon take such measures as may be necessary to ascertain the nature of such disease and prevent the spread of such contagion, and to that end, said State Board of Health, or its secretary, may, if deemed proper, take possession or control of the body of any living person, or the corpse of a deceased person, and may direct and take such means as may be deemed expedient to arrest or prevent the further spread of such disease."

Penalties for crimes against public health and for failure to conform to rules, orders and regulations respecting quarantine or disinfection of persons, are provided by the Penal Code, and particularly by Section 377a thereof.

Sections 12 and 13 of the Act of March 23, 1907 (Stats. 1907, page 893, as amended; Act 6238 of Deering's General Laws, edition of 1931) impose upon every county health officer and every city and county, city or town board of health, or chief executive health officer thereof, the duty of carrying out the directions of the State Board of Health or its secretary, with respect to quarantine and disinfection.

The Act of March 15, 1883 (Statutes 1883, page 376; Act 6243 of Deering's General Laws, edition of 1931) is, as you state in your communication, applicable only to "railroad communication with other states," and can be given no application with regard to those traveling by other means of communication or transportation.

There are, of course, many other acts dealing generally with the health of the people of the State of California and the suppression and control of contagious and infectious diseases, but it is believed unnecessary to advert here to all thereof.

While from the foregoing it would appear clear that the health authorities of the State of California have the right to inspect at the borders those coming from other nations or states into the State of California, and, under the police power, to exclude from the State of California those found to be infected or contaminated with infectious or contagious diseases dangerous to the health of the people of the State of California, it must be remembered that such burdens must be imposed equally and impartially upon all persons so presenting themselves at the boundaries of the State of California for progress into the body of this state. Further than this, any such inspections should only be made or conducted by personnel trained and qualified therefor, and not by persons who are merely peace officers or who are untrained personnel.

A further limitation upon the power of exclusion must also be noted. That is fully and carefully set forth in the reported opinion in the case of *In re Arata*, 52 Cal. App. 380, where, at page 383, it is said:

That the health authorities possess the power to place under quarantine restrictions persons whom they have reasonable cause to believe are afflicted with infectious or contagious diseases coming within the definition set forth in Political Code, Section 2979a, as a general right, may not be questioned. It is equally true that in the exercise of this unusual power, which infringes upon the right of liberty of the individual, personal restraint can only be imposed where, under the facts as brought within the knowledge of the health authorities, *reasonable ground exists to support the belief* that the person is afflicted as claimed; and as to whether such order is justified will depend upon the facts of each individual case. Where a person so restrained of his or her liberty questions the power of the health authorities to impose such restraint, the burden is immediately upon the latter to justify by showing facts in support of the order. It might be proved, for instance, that the suspected person had been exposed to contagious or infectious influences that some person had contracted such disease from him or her, as the case might be. Such proof would furnish tangible ground for the belief that the person was afflicted as claimed. And we wish here to emphasize the proposition, which is unanswerable in law, that a mere suspicion, unsupported by

facts giving rise to reasonable or probable cause, will afford no justification at all for depriving persons of their liberty and subjecting them to virtual imprisonment under a purported order of quarantine.

The provisions of the health laws and regulations must also be reasonable, although to be effective they must be prompt and summary. *County of Los Angeles vs. Spencer*, 126 Cal. 670, 673.

And while Section 2979a of the Political Code, *supra*, confers upon county and other health officers the right to take measures necessary to prevent the spread of disease, but does not confer upon such local health officers the right to take possession of the body of one so afflicted as it does in the case of the State Board of Health, yet nevertheless isolation of one afflicted with an infectious disease has been held to be a reasonable and proper measure to be enforced by local health authorities to prevent the increase and spread of such diseases.

In re Fisher, 74 Cal. App. 225;

In re Johnson, 40 Cal. App. 242.

For the foregoing reasons, and with the limitations set forth in connection therewith, your queries are answered in the affirmative.

Very truly yours,

U. S. WEBB, *Attorney-General*.

(Signed) By LEON FRENCH, *Deputy*.

THE LURE OF MEDICAL HISTORY†

DIPHTHERIA IN 1880: IN SISKIYOU COUNTY

By E. W. BATHURST, M.D.

Etna

IN 1877 I began practicing medicine in Sawyers Bar, Siskiyou County. This small town was dependent upon the near-by mines (placer and quartz) for its existence. Located upon a narrow strip of gravel deposit on one side of the North Fork of the Salmon River, the houses, stores, hotels, and saloons were strung along this strip of gravel for about a mile, the river some twenty to fifty feet below. As the center of the mining activities of the Salmon River section, the little town housed the wives and children of the miners engaged in the Black Bear, Klamath and quartz mines, or who stripped gravel deposits for the auriferous deposits, and was fairly prosperous. When you reached Sawyers Bar you had attained "the jumping off place." for there was no way of communicating with the outer world but by trails, over which pack-trains brought in merchandise (liquid and solid), together with our six-day mail service from Etna. In the winter, mail was transported on webbed snowshoes, a perilous job not unattended by fatalities. The nearest supply of drugs was in Etna, some twenty-six miles away, a two days' trip by mule-back, hence it behooved the Sawyers Bar medico to keep a stock of medicines on hand, particularly as there were no trained nurses, and the nearest consultant was at Etna; so at least the location taught self-reliance.

The mountainous country was well drained, the streams did not glide placidly over nearly level

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bottoms, but hurried and scurried down the ravines to swell the North Fork of the Salmon which, in turn, joined the South Fork at the "Forks of the Salmon," when the stream of added volume wended its way to Somes Bar, blending its waters with the Klamath River. At that point, four rivers empty into the Klamath on the south side—Shasta, Scott, Salmon, and Trinity—and these drain a vast precipitous watershed. On the north side of the Klamath are numerous large creeks that empty into the main river—creeks that in summertime surpass the Los Angeles River. Fishing is good—mountain trout just after May 1 of each year—while later it is not so good. In the fall, well, we have steelheads and salmon, as the papers detail; also the largest fish hatchery in the State. So, come up after the first fall rains and enjoy our fishing.

THE DIPHTHERIA EPIDEMIC

But this does not describe a diphtheria epidemic as handled at and around Sawyers Bar in 1880. School was out, summer was in full swing, when I was called to see a child with diphtheria. The kindly neighbors sought to help the afflicted families, so the disease spread quickly; there was no quarantine, little segregation, the days were warm if not hot, the buildings not closely together, abundant good air and water, but the type of the disease was what my forebears termed "*Putrid sore throat*." Those afflicted with it positively stank, so I do not doubt that if George Washington had this type he either died of toxemia or phlebotomy—*quien sabe?* The fauces and nasal passages were thickly coated with a yellow, cream-colored, thick membrane; temperature not over 101 degrees, patient stolid, embarrassed breathing due to pharyngeal engorgement, and a horrible odor—so bad that, despite the liberal use of chlorid of lime and phenol, our only available disinfectants, it was impossible to stay in the room with the patient. I have correctly diagnosed this type of diphtheria before I entered a room merely by the odor. Some cases occurred at Black Bear Mine, some seven miles away, where one baby had an inflamed neck (intertrigo); this became infected, and despite local treatment plus internal medication, the toxemia proved fatal—a fact not to be wondered at, perhaps, since in this home, on a sidehill, high off the ground with nothing but posts to rest upon, the wind swept daily, and butter stored in a keg became contaminated and inedible.

A Welsh boy was treated. I had to have an old-time Cornish woman translate the Welsh language pertaining to the case to me. For about six weeks I did not go to bed, but laid down where I happened to be, on cot or lounge, to be called two hours later to go and visit new patients or revisit the older ones.

TREATMENT

The remedies used, aided by the pure mountain air and clear cold water, consisted principally of iron internally and application of Loeffler's solution locally; a typical treatment for a ten-year-old child being:

R̄ Tincture of Ferri Chloridi ʒii
Glycerin fl. ʒiv

A teaspoonful was given every three hours without water, preceded by an initial dose of calomel, five grains. The throat was painted every time I got around to do it, using Loeffler's solution on a swab. A small amount of whisky was given, if indicated. The iron mixture, given undiluted, was to coat the fauces as well as combat the infection. I soon learned that if the iron turned the membrane black the patient got well, which happened with the majority, for out of the 110 cases only five died; so that with no skilled nurses, no antitoxin, I think the results were good. I know everyone coöperated and shared each other's sorrows.

Loeffler's solution contains 4 per cent ferric chlorid solution, so we weathered through the epidemic—houses and clothing aired and, as far as possible, disinfected. In later years I have wondered if a like treatment would be of service in serious diphtheritic infection to aid antitoxin in its work—there being with us only one case of laryngeal involvement.

CLINICAL NOTES AND CASE REPORTS

GAS-GANGRENE INFECTION OF THE UTERUS

By ALBERT H. NEWTON, M.D.

AND

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Yreka

GAS-GANGRENE infection is one of the most serious complications met with in modern surgery. A search through the available literature on the subject, involving the uterus, reveals the infection to be practically 100 per cent fatal. In dealing with this type of infection, one must be radical in surgical treatment and early radical removal of the internal genitalia, with massive doses of antitoxin, plus supportive treatment, will probably result in an occasional saving of human life.

REPORT OF CASE

We wish to report the successful cure of a gas-gangrene infection, involving the uterus of a three and one-half months pregnant woman, Mrs. L. M., married, age 26; occupation, housewife; American; white; para, two.

The above-named patient was brought to the Siskiyou County General Hospital at 6 p. m. February 23, 1935, with a complaint of chills, high fever, severe abdominal cramps and general malaise.

Past History.—Born in Utah. Lived in California nineteen years. Measles and mumps in childhood. Previous surgery: Curettement following childbirth, and perineal repair three years ago. Tonsillectomy several years ago. Husband living and well. Two children living and well, ages four and three. Cta.: Menses began at fourteen, every 28/5. No dysmenorrhea. Last normal period, November 6, 1934. Other systems essentially negative. Family history essentially negative.

Present Illness.—The patient's last normal menstrual period was in November, 1934. The patient was told, following an examination on or about December 25, 1934, that she was two months pregnant. On February 21, 1935,